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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SHARMA, Shubh D.

Examiner: J. Russel

Serial No.:

10/049,718

Filed:

February 13, 2002

Group Art Unit: 1654

For:

Melanocortin Metallopeptide Constructs, Combinatorial Libraries and Applications

AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an amendment for the above application.

X Applicant is a small entity (claimed under 37 CFR 1.27)

X A Petition for Extension of Time accompanies this filing.

X Also enclosed is Provisional Double Patenting Terminal Disclaimer fee.

CALCULATION OF ADDITIONAL CLAIM AND/OR EXTENSION FEES:

	Remaining CLAIMS: after Amendment		Highest No. Previously Paid For	Present Extra	ENTITY RATE Small OR Large		FEE RATE
TOTAL	17	MINUS	49		x \$9	=	\$ 00
		MINUS			x \$18	=	\$
INDEP.	1	MINUS	5		x \$43	=	\$ 00
		MINUS			x \$86	=	\$
First Presenta	ation of Multi	ple Dep. Clai	m		+ \$145	=	\$
					+ \$290	=	\$
Provisional Double Patenting Terminal Disclaimer fee							\$ 55.0

EXTENSION FEES

(One month = \$55 OR \$110, Two months = \$215 OR 420, Three months = \$475 OR \$950) MONTH(S)= \$ 215.00

TOTAL \$270.00

Checks in the amount of \$215.00 and 55.00 are attached.

X Check includes Provisional Double Patenting Terminal Disclaimer fee

X Check includes extension of time fee.

No extension of time is required, check is for claim fees only.

For the Commissioner's convenience this transmittal is submitted in duplicate. If any additional fee is required, please charge our Deposit Account No. 13-4213. Please refund any overpayments.

By:

Stephen A. Slusher, Reg. No. 43,924

Direct line: (505) 998-6130

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Nov. 29, 2004

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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/049,718 TRANSMITTAL Filing Date February 13, 2002 First Named Inventor **FORM** SHARMA, Shubh D. Art Unit 1654 **Examiner Name** Jeffrey E. Russel (to be used for all correspondence after initial filing) Attorney Docket Number 70025-02-US02

Total Number of Pages in This Submission								
ENCLOSURES (Check all that apply)								
<u> </u>	Fee Iransmittai Form			Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Fee Aπached :		Petition			Status Letter Other Enclosure(s) (please identify below):		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm N	Firm Name Peacock Myers & Adams, P.C.							
Signati	Signature							
Printed	Printed name Stephen A. Slusher							
Date November 29, 2004		Reg. No.		Reg. No.	43,924			
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Stephen A. Slesher

Typed or printed name

Date

November 29, 2004

PTO/SB/17 (11-04)

Small Entity

Fee (\$)

Fee Pald(\$)

270.00

Fee (\$)

Subtotal (3) \$

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TT. ANE. Effective on 10/01/2004. Patent fees are subject to annual revision.	Complete if Known					
·	Application Number 10/049,718					
FEE TRANSMITTAL	Filing Date	February 13, 2002				
For FY 2005	First Named Inventor	Shubh D, SHARMA et.al				
Applicant slaims small artifu status. See 27 CER 1 27	Examiner Name	Jeffrey E. Russel				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1654				
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.	70025-02-US02				
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit Card Money Order	2. EXTRA CLAIM Fee Description	FEES	Fee (\$)	Small Entity Fee (\$)		
Deposit Account None	Each claim over 20 Each independent cl		18 88	9		
	Each claim over 20 Each independent cl Multiple dependent For Reissues, each c	claims laim over 20 and	18 88 300	9 44 150		
Deposit Account None None 13-4213	Each claim over 20 Each independent cl Multiple dependent	claims laim over 20 and riginal patent ndependent claim	18 88	9 44		

Charge fee(s) indicated below, except for the filing fee Extra Claims Fee (\$) Indep. Claims Fee Paid (\$) Charge any additional fee(s) or underpayments of fee(s) 5 - 3 or HP = _ 44 = under 37 CFR 1.16 and 1.17 HP = highest number of independent claims paid for, if greater than 3 Credit any overpayments **Multiple Dependent Claims** Fee Paid (\$) Fee (\$) to the above-identified deposit account. Subtotal (2) \$ Other (please identify):

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Subtotal (1) \$

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OTHER FEES

Fee Description

37 CFR 1.17(q) processing fee 50 50 Design Filing Fee 350 Non-English specification 130 130 Plant Filing Fee 550 275 Notice of Appeal 170 340 Filing a brief in support of appeal 340 170 Reissue Filing Fee 790 395 Request for oral hearing 150 Provisional Filing Fee 160 80 Other: Provisional Double Patenting Terminal Disclaimer Fee 55.00

SUBMITTED BY Registration No. 43,924 Telephone 505 998 6130 Signature (Attorney/Agent) November 29, 2004 Name (Print/Type)

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